DOCUMENT RESUME

ED 387 987 EC 304 341

AUTHOR Sugerman, Sheryl
TITLE Enabling Families of Preschool-Aged Children with Autism To Effectively Deal with Challenging Behaviors: A Curriculum-Based Behavior Management Training.
PUB DATE 95
NOTE 66p.; Ed.D. Practicum, Nova Southeastern University.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Autism; *Behavior Change; Behavior Modification; *Behavior Problems; Child Rearing; Knowledge Level; Parent Child Relationship; *Parent Education; *Parenting Skills; *Preschool Children; Preschool Education; Program Effectiveness
IDENTIFIERS *Behavior Management

ABSTRACT

This practicum was designed to give parents of preschool children with autism an understanding of the disorder and appropriate skills to manage their children's challenging behaviors. A curriculum-based training series involving weekly 2-hour sessions was implemented during a 12-week period for 25 participants. Goals included increasing the parents' understanding of autism, enabling them to define a child's behavior, and teaching parents the skills of designing and implementing behavior management protocols. The training format utilized a combination of direct instruction, group discussion, viewing of videotapes, practice activities, and homework activities. The results of the practicum were positive and all specified goals were met. Parents increased their understanding of autism and were able to develop and implement appropriate behavior management interventions. Appendices include the behavior management survey, a post-evaluation questionnaire, a listing of problem behaviors, and the training course evaluation questionnaire. (Contains 39 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 387 987

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Enabling Families of Preschool-Aged Children with Autism to Effectively Deal with Challenging Behaviors: A Curriculum-Based Behavior Management Training

by
Sheryl Sugerman
Cluster 66

A Practicum I Report Presented to the Ed.D. Program in Child and Youth Studies in Partial Fulfillment of Requirements for the Degree of Doctor of Education

PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
S. Sugerman
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Nova Southeastern University
1995

EC 304341

BEST COPY AVAILABLE

APPROVAL PAGE

This practicum took place as described.

Verifier: Sue Talphins, Ed.D.

Executive Director of the Family Center of Nova Southeastern University
Title

3301 College Avenue, Fort Lauderdale, Florida
Address

June 23, 1995
Date

This practicum was submitted by Sheryl Sugerman under the direction of the advisor listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern Unviersity.

Approved:

July 29, 1995
Date of Final Approval of Report

Mary Staggs, Ed.D.
Mary Staggs, Ed.D.,
Adviser

Table of Contents

Chapter I: Introduction.....1
Description of Community.....1
Writer's Work Setting.....2
Writer's Role.....9

Chapter II: Study of the Problem.....11
Problem Statement.....11
Problem Description.....11
Problem Documentation.....14
Causautive Analysis.....15
Relationship of the Problem to the Literature.....17

Chapter III: Anticipated Outcomes and Evaluation Instruments.....19
Goals and Expectations.....19
Expected Outcomes.....19
Measurement of Outcomes.....20

Chapter IV: Solution Strategy.....24
Discussion and Evaluation of Solutions.....24
Discussion of Selected Solution 33
Report of Action Taken.....35

Chapter V: Results.....40
Results.....40
Discussion.....44
Recommendations.....46
Dissemination.....46

References.....47

Appendicies
A Behavior Management Survey.....52
B Post-Evaluation Measue.....54
C Behavioral Characteristics.....57
D Questionnaire.....59

Tables
1 Scores on a Post-Test Measure of Understanding Autism.....40
2 Strategies Implemented by Parents to Manage Behavior.....42

Abstract

Enabling Families of Preschool-aged Children with Autism to Effectively Deal with Challenging Behaviors: A Curriculum-Based Behavior Management Training. Sugerman, Sheryl, 1995: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. Parent Training/Behavior Management/Special Education/Autism

This practicum was designed to provide parents of children with autism with an understanding of the disorder and appropriate skills to manage their children's challenging behaviors. A curriculum-based training series was implemented during a twelve week period for 25 participants. Goals included increasing parents understanding of autism, defining child's behavior, and designing and implementing behavior management protocols.

The writer conducted two hour sessions each week for 25 parents. The series format utilized a combination of direct instruction, group discussion, viewing of videotapes, practice activities, and homework activities.

The results of the practicum were positive and all goals were met. Parents increased their understanding of autism and were able to develop and implement appropriate behavior management interventions.

****

Permission Statement

As a student in the Ed.D. Program in Child and Youth Studies, I do (X) do not ( ) give permission to Nova Southeastern University to distribute copies of this practicum report on request from interested individuals. It is my understanding that Nova Southeastern University will not charge for dissemination except to cover the costs of microfiching, handling, and mailing of materials.

8-9-95 (date)

S Sugerman (signature)

Chapter I: Introduction

Description of Community

The writer's work setting is located in one of the country's largest counties, and the state's second largest with approximately 1,255,500 residents. In the last thirty years the county has grown from a society of primarily retirees and tourists to that of a business community. Businesses revolve around manufacturing, electronics, transportation, and distribution firms. Many businesses have moved their corporate headquarters to cities within this county. The lifestyle of this community has changed as a result of the change in the business community. The county has a major performing arts center, a multimillion dollar arts and science district, and a library system that has several satellite branches. There are 26 miles of beaches and over 300 miles of waterways throughout the county. Today, there are 14 regional parks that encompass 4,500 acres and range from 37 acres to 1,400 acres (Hobby, 1992).

The ethnic and racial make-up of the county has also changed over the last 30 years. The county has always had a sizable Afro-American population, but during this time span has also seen a large influx of Hispanics and Asians.

According to the 1990 census, the largest groups are Caucasians (81%), African-Americans (15%), and Hispanics (8%). This diversity is reflected in the public schools, in which immigrant students represent approximately 170 countries and speak more than 76 different languages in the home.

The public school system is the largest fully accredited school system in the nation, educating 198,690 students at 109 elementary schools, 30 middle schools, 22 high schools, three vocational and/or technical centers, ten exceptional education centers, and two alternative centers. Approximately 28,555 of these students have a handicapping condition, and of these 827 are preschoolers. Over 38,000 children attend a variety of preschool programs for exceptional education and early intervention.

Writer's Work Setting

The writer works in a private school that serves children with developmental disabilities, birth through eighth grade. The school was originally established in 1958 as a school for hearing impaired children. In 1984, the school became a part of the University's Family Center. The student body expanded to include children with other types

of communication disorders, speech and language impairments, learning disabilities, and attention deficit disorders.

The mission of the school is to provide all children with a solid foundation for successful learning. The school provides an environment that fosters children's feelings of positive self-worth and encourages self-improvement. Environmental conditions are provided to foster the development of moral and ethical values. In the classrooms, children learn cooperation and mutual respect for one another. Each child is provided with an individualized program that combines academics, interpersonal skills development, and physical education.

The school is organized into three units: the Early Learning Center (ELC), which includes children 2 years old through 5 years of age; the elementary program, composed of kindergarten through grade 5; and the middle school, constituted of grades 6 through 8. All of the ELC classrooms are self-contained with observation rooms adjacent to each room. The elementary and middle school classrooms are traditional self-contained settings.

The Early Learning Center (ELC) is one of five agencies that contract with the county's school system to provide

services to developmentally disabled youngsters. The ELC, unlike the other agencies, primarily services children with autism and/or communication disorders. Currently, the preschool has a population of 102 students, 12 teachers, 25 assistants and/or aides, two support staff members and one administrator.

The children who are enrolled in the ELC program are admitted on the basis of the eligibility criteria established by the county's school system. Before the children enter school, they have received a battery of tests including, but not limited to, tests designed to assess cognitive development, speech and language, and adaptive behavior. Vision and hearing screenings have also been conducted.

The ethnic distribution of the student body is similar to that represented in the county and school system. Approximately 38% of the children are considered to be from minority groups (African-Americans and Hispanics).

Each class is lead by a master's level teacher, a teacher assistant or teacher aide and at least one graduate student from the Speech and Language program of the University. The team provides the children with a variety

of opportunities to generalize interpersonal, communication, cognitive and motor skills. The curriculum allows for small group, dyadic and individual instruction. The learning environment is structured and stresses language skills. Each classroom has one or two computers that are networked into the main computer server located in the computer lab. Networked versions of early childhood programs are available to all classes.

Children attending the ELC move through a tiered program of one-to-one instruction, small group, partial inclusion and finally to a full inclusion program. Tier 1 is a highly structured classroom environment with a 1:1 or 2:1 ratio of students to teacher. The educational programming is based upon the Eden Institute's curriculum (Holmes, 1990) that includes a core curriculum used to develop learning readiness skills that are essential as a foundation for continuous learning. The curriculum also addresses pre-academics, academics, pre-vocational skills, social and play skills.

The tier 2 setting continues building upon the behavioral techniques introduced in tier 1 and incorporates the Treatment and Education of Autistic and Related

Communication Handicapped Children (TEACCH) approach (Schopler, Lansing, & Waters, 1983). The TEACCH curriculum involves a structured teaching approach that emphasizes independence, school readiness, and the development of appropriate communication and social behavior skills. Pupil-teacher ratio is 5:1 with a group size of 8 to 10.

Tier 3 is a modified inclusionary program in which children have the opportunity to participate in three inclusive education options depending upon their strengths and needs. Option 1 allows the students to participate in snack, playground and center activities, four days a week with a "typical" preschool class. In option 2 students join a preschool class of "typically" developing children on the playground during recess. Option 3 is a reverse mainstreaming experience in which a "typical" preschool class joins the children in their classroom for specified activities, such as circle time, snack, and/or playground time.

Tier 4 is a full day experience in a pre-kindergarten class that consist of eight preschool-aged children with autism and ten typically developing children who are

"at-risk" due to low socio-economic status. The pupil-teacher ratio is 4:1.

Public school physical and occupational therapists provide therapy to children who meet the eligibility requirements in these areas. Therapies are conducted in the classroom or in therapy rooms, depending on the nature of the treatment plan.

Before newly diagnosed children are placed in a classroom, an orientation program is completed. This orientation program occurs over three consecutive days for three one-and-a-half hour sessions. These sessions provide an opportunity for an intensive assessment of each child. The assessment is designed to evaluate functional and communication skills as well as the developmental levels of functioning. The orientation sessions are videotaped for review by a child study team and are retained as a permanent record. While the children are being evaluated, parents are being interviewed by the parent coordinator. They are given an opportunity to ask questions, describe their aspirations and needs and to learn about the school programs and services.

The Parent-Professional Partnership Program (4Ps) was developed during the 1993-94 school year to provide parents with knowledge and skills to optimize the development of their children and to create healthy environmental conditions for the entire family. The intent of this multifaceted program was to provide family education and support services. The school's administrators hired a coordinator to run the program on a part-time basis. The program consisted of a parent support group, a father's group, crisis intervention, and outreach services.

During the 1994-95 school year, the coordinator position was increased to a full-time position. The program is run and implemented solely by the coordinator. There are no additional staff members. The program continues to run various support groups, such as a men's club, sibling's group, and groups for grandparents raising grandchildren as well as to provide crisis intervention and outreach services. Individual counseling sessions take place as needed to help resolve adjustment, educational or social concerns. New programs are developed and implemented as the need arises.

Writer's Role

The role of the writer as coordinator of the Parent-Professional Partnership Program is to design a program that enhances communication between the home and school environment. Since the mission is to service families of children with autism and related developmental disabilities, providing a spectrum of these services to the families is important. The writer is responsible for coordinating program activities. Coordination of assessment interviews for families, outreach services, and counseling is an elemental component of this job. Organizing support groups, guest speakers, and developing new programs are also essential job functions. The largest part of the job involves developing and implementing a spectrum of programs that meet the needs of families. In addition, the writer participates in school observations with parents, individual education planning staffings, and parent-teacher conferences. The writer also participates in research

The writer holds a bachelor's degree in elementary education, and a masters and educational specialist degree in school psychology. The writer is a licensed, nationally certified school psychologist. The writer has worked in the

field of education for 10 years, both as a teacher and school psychologist. The writer was a member of a transdisciplinary assessment team whose focus was diagnosing children ages two through five with handicapping conditions, especially autism. The writer has served as consultant to, and trained school psychologists in assessment and intervention strategies for children and families.

Chapter II: Study of the Problem

Problem Statement

The problem was that parents of preschool-aged children with autism have a difficult time managing behaviors that occur during activities of daily living and/or when a change in activity or routine occurs. These problems include inability or unwillingness to follow directions and temper tantrums. These difficult behaviors are counted upon when raising young "typically" developing children (Fox, Fox, & Anderson, 1991), but are magnified when parenting a child with autism.

Problem Description

The nature of the autistic disorder presents parents of autistic children with unique difficulties. Severe deficits in reciprocal social interaction, cognitive and communication skills often heighten the behavioral difficulties present in children with autism (Van Bourgondien, 1993). Children with autism are often unresponsive to social stimuli. They do not seek to share pleasures, interests, and/or achievement with others. In fact, young children with autism frequently avoid all types of interactions (Koegel, Frea,& Surratt, 1994). Often

children with autism are not cognizant of other individuals, they may have no notion of the needs of others, and they may not perceive another's distress (American Psychiatric Association Diagnostic and statistic manual of mental disorders-fourth edition, 1994). An absence of consciousness of their own feelings or feelings of others may prevent children with autism from learning consequences of their own conduct (Van Bourgondien, 1993). Social and external rewards are not reinforcing to individuals with autism.

Children with autism do not deal effectively with their environment since they have difficulty understanding what is expected of them as well as difficulty communicating with others (Koegel, Frea, & Surrat, 1994). Koegel, et al. (1994) suggest that children with autism have trouble understanding and using nonverbal aspects of language, such as hand movements or body posture. Comprehension difficulties are usually evidenced by the child's inability to understand simple questions, commands, and jokes. When children develop language that is often immature and used in non-meaningful ways, such as repeating word or phrases, repeating commercials, or using jargon (DSM-IV, 1994).

Pragmatic deficits often result in children relating in odd ways to others.

Lack of self-control is often associated with this disorder. This inability to regulate behavior may explain why children have difficulty acquiring skills and adaptive behaviors (Koegel, et al., 1994). Children with autism engage in self-stimulating and stereotypic behaviors (e.g., hand flapping, finger flicking, rocking, etc.). Children with autism often show a perseverative preoccupation with parts of objects or demonstrate stereotyped and restricted patterns of interest. Children with autism often display an interest in nonfunctional routines or rituals or an unwarranted need to follow routines. They often insist on sameness and demonstrate a resistance to or distress when an insignificant change occurs (DSM-IV, 1994).

Other characteristics with which individuals with autism present are difficulty transitioning to new situations and/or environments and/or to new activities. Difficulties often are present in routine activities associated with daily living (for example, feeding, dressing, toileting, play) as well as family events (for

example, shopping, vacations, holidays) (DSM-IV, 1994; Van Bourgondien, 1993).

Not only does the disorder have inherent problems that lead to challenging behaviors, parents do not feel that they possess the necessary skills and/or abilities to manage the difficult behaviors with which their children present. They have become increasingly aware of their need for special parenting techniques (Bailey, Blasco, & Simeonsson, 1992 & Bailey & Simeonsson, 1988).

Problem Documentation

The existence of this problem was documented by the Family Interest Survey, which is administered to parents during the initial intake. Parent responses indicated that they want additional information about and need assistance in managing their children's difficult behavior. Twenty-five out of 25 parents indicated that learning how to manage their children's behavior was a priority interest.

A behavior management survey (Appendix A) was developed to delineate further the areas of concern. The survey was distributed to the families of children enrolled in the school during the month of November. Twenty-one out of 25 parents strongly agreed or agreed that they needed help in

managing at least 3 out of 6 behaviors identified. Nineteen out of 25 parents indicated that they would like assistance in learning how to get their children to follow directions. Seventeen out of 25 parents indicated that they needed assistance with routines of daily living. Nineteen out of 25 parents indicated that they needed help getting their children to follow directions.

Parents often report during support groups and/or individual counseling session that they do not feel that they possess the necessary skills and/or abilities to manage their children's difficult behaviors. They are aware of their need for special parent training, but unfortunately have not had access to such service through the community. Little attention has been given to providing parents with specialized training because there has been a lack of personnel available within the school to address this issue.

Causative Analysis

The writer believes that there are several reasons why parents are struggling with managing their children's challenging behaviors. One factor is that parents do not fully understand the disorder of autism and related disabilities and their effect on child-rearing. When

professionals diagnose a child with autism, parents are usually told of the diagnosis in terms of the child's presenting behaviors which are consistent with a diagnosis of autism. The disorder is often not explained in its entirety, especially concerning life long problems.

A second causative factor is parents' feeling of being overwhelmed. The presence of a child with autism into the family places a considerable amount of stress on the family (Bristol, 1987; Donenberg & Baker, 1993). Parents oftentimes express the fear that they are the cause of their children's disorder. A belief that the presenting behavior(s) can not be changed is frequently expressed. These feelings have often resulted in parental behaviors that maintain the status quo; thus, no training is sought.

Behavior problems may be a result of inappropriate parental expectations about what their children should be doing (Breiner, 1989). Behavior problems continue to be manifested and often exacerbated because of parents' limited knowledge of behavior techniques that are effective in managing challenging behaviors. When parents employ commonly taught behavioral technology they are not consistent in their implementation.

Feelings of failure as a parent are commonly experienced amongst parents with severely disabled children (Drier & Lewis, 1991). These feelings of failure may be a result of one or more of the aforementioned.

Relationship of the Problem to the Literature

Over the last 20 years research in autism has shifted from blaming parents for their child's disorder, to a view that autism is a neurological disorder for which parents are not responsible. Clinical staff at TEACCH surveyed parents and found that the primary behavioral difficulties that families with young children deal with are aggression, noncompliance, eating problems, poor play skills, a lack of initiative, sleep problems, temper tantrums, and toileting difficulties. These difficulties are the overt signs of an underlying deficiency associated with the disorder of autism (Van Bourgondien, 1993).

A review of the literature provided a limited amount of information as to why parents of preschool-aged children with autism have difficulty managing challenging behaviors. One author (Fox) notes that a reciprocal interaction between parent and child is important in parenting, but is often difficult to develop when raising a child with autism.

Parents are often faced with pressure to provide for their children's special needs when they have no training or preparation to do so (Monteiro, Nelson, & Turner, 1987). Typical how-to books on child care and discipline strategies are difficult to apply to children with autism and are usually not effective (Bruey, 1994). Also, until recently training for parents of autistic children has focused on the school-aged population. Even though training series have begun to offer assistance to parents of preschool-aged children, they are limited in number. Thus, parents often lack resources for dealing with behaviors exhibited by children with autism.

Chapter III: Anticipated outcomes and Evaluation Instruments

Goals and Expectations

The goal of this practicum was for parents of preschool-aged children with autism to develop an understanding of autism and use appropriate skills in managing their children's challenging behaviors. Parents of children with autism often do not have a complete understanding of autism; therefore, they are not equipped with the necessary skills to meet the challenges which their children present.

It was hoped that parents will feel that they are competent at applying techniques and/or procedures to manage behaviors that their children exhibit. As a result of being able to apply behavior technology, parents will be more satisfied with the parent-child relationship and with their parenting performance.

Expected Outcomes

The following outcomes were projected for this practicum:

1. Targeted parents of preschool-aged children with autism will demonstrate an understanding of autism by answering questions on a post test (see Appendix B) with 80%

accuracy. This result will be evidence of a better understanding of children by their parents.

2. Each participating parent will describe their own child's three behavioral characteristics which are of greatest concern. It is important for parents to be able to determine which behavior problems are significant and need to be addressed and which problems will extinguish themselves over time.

3. Each participant will construct and demonstrate a behavior management procedure. This experience gives parents skills that can be employed in the future, reducing the need for costly professionals.

4. Each participant will use appropriately at least two of the techniques presented during the twelve weeks of this training series.

5. Ten out of 25 participants will indicate that the training provided was helpful. This outcome will determine whether this training series needs to be implemented during each school year.

Measurement Outcomes

Instruments, constructed by the writer, were used to measure the expected outcomes. First, parents demonstrated

an understanding of autism by answering questions on a test. This instrument consisted of multiple choice and true and false questions. Administration occurred during the last half-hour of the second session. The criteria for success was 80 percent accuracy on the test.

Next, each participant identified by way of a behavioral characteristic checklist (see Appendix C) their own child's three behavioral characteristics which are of greatest concern. Participants ranked order the top ten behaviors that concern them during session 3 and 10. They were given 10 minutes at the beginning of the aforementioned sessions. Immediately following these sessions, teachers were asked to complete the behavioral characteristic checklist on students whose parents participated in the training. The first administration served as a survey. In the latter session, it was anticipated that there would be better agreement between the teachers and parents.

The construction of a behavior management procedure, by parents, was shared with the instructor and other participants during sessions 11 and 12. During session 10, participants were asked, as a homework assignment, to

construct a behavior management tool for the top three identified problem behaviors. The behavior management plans were evaluated through observation of the participant's explanation of the procedure. In addition, it was anticipated that 15 out of 25 parents would indicate on the summative evaluation questionnaire (see Appendix D) that the development of the intervention was helpful.

Finally, a summative evaluation tool was used to measure the success of the intervention in terms of it's expected outcomes, specifically outcomes 3, 4, and 5. This written tool consisted of open-ended questions and five statements that were answered on a Likert scale (see Appendix D). Participants completed this measure during the last 20 minutes of session 12. The instrument allowed parents to report their own feelings related to expected outcomes as well as to evaluate the intervention.

The summative evaluation questionnaire was employed to measure the number of techniques and/or strategies parents employed during the training series. It was anticipated that 20 out of 25 participants would indicate that they appropriately implemented at least two of the techniques and/or strategies that were presented.

This evaluation tool also indicated the success of the program if more than half of the participants indicated that they strongly agree or agree on items 1 through 5. The open-ended questions helped to determine what revisions need to be made in future implementations of the series.

Chapter IV: Solution Strategy

Statement of the Problem

Parents of preschool-aged children with autism have a difficult time managing their children's challenging behaviors. These behaviors place a great demand on families to be adaptive and accommodating (Peterson, 1987). Disruptions in family life may result. These difficulties often have an adverse impact on the parent-child relationship as well as the functioning of the families. Parents of children with autism often are not provided with the necessary skills to meet the challenges with which they are presented.

Discussion

"Parents are the key teachers, socializing agents and caregivers for children during early years" (Peterson, 1987). Children spend the majority of their time with their parent(s) and/or caregiver, thus, giving parents the opportunity to provide on-going long-term treatment (Kolko, 1984). All parents want information regarding parenting; however, parents of children with disabilities require information on special parenting techniques (Gowen, Christy, & Sparling, 1993). Parents of children with autism typically

express the need for this information to assist in understanding and promoting the development of their children as well as to improve parent-child interactions (Schreiban, Koegel, Mills, & Burke, 1984).

A review of the literature indicated that parent training programs have been aimed at providing parents with the skills and knowledge to alleviate the stress that a child with autism places on the family; and to increase the child's behavioral control in the home setting. Several studies have indicated that parents who attended parent training programs showed considerable improvement on measures of stress, depression, and parent-child satisfaction (Donenberg & Baker, 1993; Harris, 1994; Moran & Whitman, 1991; Robbins, Dunlap, & Plienis, 1991).

Parents are in a position to enhance and reinforce results achieved in early intervention programs. For behavioral changes observed in the school environment to be generalized to the home setting, parents need to be equipped with skills that will allow them to become their children's trainer. The educational institution's primary focus is on teaching new skills and/or remediation. Gains, especially behavioral improvements, accomplished in school with

children with autism are often not generalized to other settings. By providing parents with strategies they can facilitate generalization of desired behaviors. More importantly, training provides parents with knowledge to manage new behaviors that their children may exhibit, alleviating the need for professional intervention later on. Therefore, training parents to have adaptive and effective responses to their children's challenging behaviors will maximize children's performance and promote generalization (Gowen, Christy & Sparling, 1993; Guerney, 1991; Kolko, 1984; Harris, 1994; Scheibman, Koegel, Mills, & Burke, 1984; Schopler, Mesibov, Shigley, & Bashford, 1984). Lovaas, Koegel, Simmons, & Long (1973) found that behavioral gains made in hospitalized children were maintained once the children left the setting, if the parents had received behavioral training. Lovaas' follow-up study in 1987 where parents spent the majority of the day with their children with professionals for at least one year found significant behavioral changes.

Parent involvement in training is advantageous from an economic perspective. According to Peterson (1987) parent involvement is cost-effective because parental

"participation increases the chances for obtaining and maintaining the greatest child gains for the amount of money spent."

Parents of children with autism have a lot to gain by being trained to be effective teachers of their own children. Kolko (1984) discussed the feasibility of training parents of autistic children to be their child's behavioral therapist. He suggested that through parent training, parents learn how to describe their children's behavior in functional terms so that they can foster appropriate social behaviors. Involvement in training also enhances the quality of interactions and increases their ability to deal with difficult situations in the future (Peterson, 1987; Schopler et al., 1984).

Powers (1991) suggested that parents can be taught a set of skills and successfully employ them to teach their children positive behaviors as well as to reduce undesired behaviors. Parent training programs also have resulted in qualitative changes in behavioral management skills of parents who were seeking to foster improvements in their children's communication and socialization.

The literature has focused on training parents to become their children's therapist and/or teacher in the management of behavior. Researchers are changing their approaches to treatment from psychodynamic approaches to now looking at behavioral interventions as a means of dealing with maladaptive behaviors regardless of their etiology (Waters, 1990). Behavior modification has been successful in diminishing many behavior problems manifested by children with autism. Harris (1986) during a follow-up study found that parents of preschool-aged children with autism who participated in parent training, four to seven years earlier, continued to employ behavior modification procedures to manage their children's behavior and/or teach a new skill.

Several studies (Baker, Landen, & Kashima, 1991; Cordisco, Strain, & Depew, 1988; Graziano & Diament, 1992; Harris, 1986; Lovaas, et al., 1973; Schafer & Briesmeister, 1989; Thompson, Gram, Ruma, Daly, & Burke, 1993) have suggested that behavioral parent training is an effective intervention for children who manifest behavioral problems. Training parents to manage behavior using behavior modification techniques is efficient and effective in

changing various types of children's behavior. The literature suggests several strategies for increasing parents effectiveness in managing their children's challenging behaviors.

The value of training parents, especially those with young children, in the home using behavior modification techniques in a developmental and social context has been stressed in the literature. Short (1984) found that it was effective to train parents in the home because parents became actively involved with their children and the children showed more appropriate behavior as a result. Rutter (1985) described the need of children with autism for an environment that is structured and guided. This can be attained more easily in the home environment since the children receive individual attention from the parents. Van Bourgondien (1993) stressed that behavior problems can also be prevented by engineering the home environment.

Home-based intervention has been one response to equipping parents with strategies and techniques to meet their family's needs. Schopler, Mesibov, Shigley, & Bashford (1984) suggested that parents have to be taught how to manage behaviors through structured teaching which

generally occurs within the home environment. Parents need to incorporate prompting, shaping, chaining, and reinforcement techniques to manage challenging behaviors, such as tantrums, outside the teaching session. Parents need to understand how change occurs over time; how to assess their child's strengths and weaknessess; how to design a program; how to evaluate the change process and solve problems as they arise; and how to maintain changes by enhancing their home programs and by anticipating and avoiding problems.

The use of in-home trainers to assist parents with managing their children's behavior has been validated through a variety of studies (Schopler, et al. 1984; Lovaas et al., 1973). This intervention is one of merit; however, because of limited resources, it is not feasible for the school to run this type of program. At this time, there were only two support staff members who could implement in home training. Multiple trainers are necessary to allow for generalization and maintenance of skills (Powers, 1994). This procedure is not cost effective.

Another approach to parent training is a psychoeducational model. This model is concerned with

providing parents with information related to the disorder, providing information about management techniques, and moving the family out of isolation. When parents are provided with information that assists their understanding of their children's problems and increases understanding of why children behave they way they do parents begin to intellectually understand their children and what can be done to promote optimal levels of functioning (Dreier & Lewis, 1991). Several studies (Dreier and Lewis, 1991; Fox, Anderson, Fox, & Rodriquez, 1991; Pisterman, et al., 1992) found that structured workshops for parents in a group setting had parents feeling better about themselves and their ability to understand and interact positively with their children.

Fox, Anderson, Fox, & Rodriquez (1991) developed the STAR Parenting program for parents who confronted challenging behaviors such as temper tantrums, whining, noncompliance, sleeping and eating difficulties, aggression, and other typical behaviors with which children ages one through five present. They offered a series of four two hour parenting classes which utilized a variety of teaching techniques, including lecture/discussion and role-playing.

Parents response to this format of parent education was positive. The authors reported that many parents experienced success when applying the techniques which have been taught to them. Another outcome of the parenting series was an increased confidence level and a reduction in anxiety (Fox, Fox, & Anderson, 1991; Fox, Anderson, Fox, & Rodriquez, 1991).

Several studies have determined that parents can be taught how to implement behavior programs consistently and with the desired results. Effective training programs have incorporated the following training strategies: modeling, practice, and a system for monitoring performance.

Developing a menu of modules that parents can select from to engage in a self-study program is another solution to providing parents with knowledge and skills. This method of training parents has merit, but it again is not cost effective. Also, since behavior technology is new to parents, the writer believes that this is not the best way to present information.

Teacher-Parent collaboration is another method that has been found to be successful in improving parents' skills in dealing with challenging behaviors (Powers, 1994). This

intervention is currently in place in some classrooms. However, teacher conferences usually address a particular behavior problem that the parent and/or teacher is experiencing. These conferences do not provide an opportunity for learning a variety of different techniques for managing behaviors.

Having parents volunteer or act as an assistant in the classrooms in order to acquire new skills is another approach. This approach comes with many inherent problems. Children act differently in school when their parents are present. A question of confidentiality regarding the other students needs to be addressed. This approach provides for a limited number of parents to have access to training.

Description of Selected Solution

Based upon a review of the literature, the writer was prepared to design a behavior management training series that would address behavioral techniques parents can utilize to manage their children's challenging behaviors. Methods for training included didactic instruction, written material, and media (videotapes), and structured activities. Modules were developed for participants that supplemented the training sessions.

This solution had merit and would be successful because of several factors. Both the administrators and coordinator were eager to provide parents with skills that will empower them. There were available resources and sufficient personnel who were well-trained and informed about autism. This intervention was cost-effective and could be set up so not to interfere with other functions of the school. It was the writer's belief that behavior technology is best presented in a group with a leader's support and opportunities to practice what is learned in a non-threatening environment. Also, this format provided for immediate feedback. This intervention was being offered in response to the identified needs of the school's families. This series was proactive and promoted competency to all parents who were interested. It encouraged parents to develop skills so they would view themselves as active change agents and not be dependent upon professionals. This solution provided parents the opportunity to acquire effective behavior management techniques to meet their individual needs. This format allowed for the training of as many parents as wish to be trained. The training

sessions were scheduled during the weekly support group meetings.

Report of Action Taken

The first two weeks of the training series focused on an overview of autism and pervasive developmental disorders. Addressed at this time was symptomatolgy, diagnosis and the differential diagnosis between pervasive developmental disorder, developmental language disorders, mental retardation, and schizophrenia. Discussion related to the difference between diagnosis and educational classification occurred. Treatments for autism were touched upon briefly. Prognosis of individuals with autism and related disabilities were touched upon briefly. The presentation of this section was didactic in nature.

During the third week the writer focused on the importance of parent training. Parenting styles were reviewed. Parents completed a self-assessment to identify areas that they wanted to concentrate on during the training series. This involved looking at the resources that they brought with them to the training and what their expectations were for the weeks to come. Participants also partook in activities that required them to set five-year

and one-year goals for their children. In addition to understanding their parenting style and setting goals, engineering the home (physical structure, daily schedules, task organization) was introduced. This theme was carried out throughout the remainder of the sessions. This involved parents designing a floor plan using the techniques they acquired.

Discussion of behavioral technology and terminology occurred during the fourth and fifth sessions. The writer addressed reinforcement and the use of reinforcers for shaping behavior. To demonstrate their understanding of reinforcers, participants developed a list of reinforcers and classified them as edibles, social, and/or tangible. Behavior techniques (e.g., prompting, fading, shaping, and chaining) were also introduced. Parents became involved in structured learning activities that reinforced these techniques. Prior to them modeling techniques, participants had to task analyze the skill they were going to teach and then apply one of the teaching techniques.

The notion of ABC (Antecedent, Behavior, Consequences) and precision commands were discussed during the sixth and seventh weeks. Participants were taught how to determine

what the behavior looked like through frequency, intensity, and duration. As a homework activity parents were asked to take the behavior they described and collect baseline data. They shared their data with the group the following week. During this time, parents realized that some of the targeted behaviors did not occur as frequently as they reported in earlier sessions.

Weeks eight through 10 focused on how to reduce behaviors and how to select a strategy. Topics covered included punishment, forms of time-out, forced relaxation, extinction, redirection and follow-through, and overcorrection. Again, participants were involved in structured activities that helped them to choose the appropriate strategy to reduce behaviors. During these weeks, participants were implementing a behavior protocol that they designed. For example, one parent expressed concern about her child's hand flapping. She reported that every time her son became excited he would flap his hands. To extinguish this behavior, she paired an appropriate behavior, clapping, with the undesired behavior, hand flapping. This mother reported that after a two week period the hand flapping had decreased tremendously. In fact,

everytime her son got excited he would begin to flap, but stopped himself and began clapping his hands instead.

The final two weeks focused on redefining strengths of each family, identifying factors that directly impact the family's ability to cope with having a disabled child, and identifying those qualities which have been critical to each family's success. During this time participants reported that they had more skills and resources than they thought. They realized that they were the real resources; they provided one another with solutions and strategies for managing specific behaviors. They also reported that just the understanding of autism and how it impacts their children made life at home easier. One parent even stated, "Once I realized that she wasn't doing this to get at me, I was better able to deal with her behaviors."

Prior to the implementation of this practicum the following activities took place:

1. The training sessions outline were shared with the Executive Director and with the Director of Counseling and Testing.

2. A brochure promoting the workshop series was created and periodically sent home.

3. Supplies (i.e., videotapes, overhead projector, rooms, etc.) needed for running the workshop were requisitioned.

4. Speakers were secured.

Chapter V: Results

Results

The problem that existed in this writer's work setting was that parents of preschool-aged children with autism had a difficult time managing their children's challenging behaviors. These behaviors place a great demand on families, often causing disruption in family functioning and often having an adverse impact on the parent-child relationship. The skills parents need to deal with these behaviors are often not provided, at least not early on. The goal of this practicum was to provide parents of preschool-aged children with autism an understanding of the disorder and appropriate skills to manage their children's challenging behaviors. Twenty-five parents representing 16 families took part.

The solution strategy selected by this writer was to develop and implement a curriculum-based behavior technology workshop series. This series was available to all families whose children attend the preschool. The series met weekly, with a format that involved lecture, discussion, viewing of videotapes, participating in practice activities during the sessions, and homework activities. Parents thus were

afforded the opportunity to practice skills taught during the sessions.

The first expected outcome was that targeted parents of preschool-aged children with autism will demonstrate an understanding of autism by answering questions on a post test (see Appendix B) with 80% accuracy.

This outcome was met.

Twenty-five out of twenty-five parents demonstrated an understanding of autism by responding on a post-test with at least 80% accuracy. Results are presented in Table 1.

Table 1

Scores on a Post-Test Measure of Underdstanding of Autism

Total Number of Parents - 25

Scores	Frequency
100	4
95	7
90	9
85	2
80	3

The second expected outcome was that each participating parent will be able to describe their own child's three behavioral characteristics that are of greatest concern.

This outcome was met.

Participants were able to rank order the top five behaviors of concern on a behavior checklist (see Appendix C). Concerns for each family varied. The top six concerns were temper tantrums, impulsivity, communication of wants and needs, difficulty with eating meals, difficulties with toilet training, and high activity level. However, parents and teachers differed in their concerns. Behaviors considered to be problematic by teachers were attending to social and/or environmental stimuli, communication (i.e. following simple commands which are given once and expressing wants and needs), and transitioning.

The third expected outcome was that each participant will construct and demonstrate a behavior management procedure.

This outcome was met.

A series of behavior protocols were presented in the classroom. Each participant set up a behavior protocol that described the intervention and how it would be implemented. Parents indicated that they successfully employed at least two strategies for managing behaviors.

The fourth outcome was that each participant will use appropriately at least two of the techniques presented in the training series.

This outcome was met.

Table 2 presents the strategies employed at home by participants. All parents reported that improvements were observed when they implemented an intervention strategy.

Table 2

Strategies Implemented by Parents to Manage Behavior

Strategies	# of Families
Reinforcing desired behavior	10
Time-Out	7
Restructuring Environment	5
Ignoring	3
Redirecting	3
Shaping and/or Fading	2
Overcorrection	2

The fifth outcome was that ten out of 25 participants will indicate that the training provided was helpful.

This outcome was met.

Twenty-five participants indicated that the training series was helpful. On the questionnaire for evaluating the program, 18 parents indicated that they strongly agreed and

7 parents indicated that they agreed that the training series was helpful.

Discussion

This problem is not unique to this writer's work setting; it is a broader problem. This practicum demonstrated that a group of parents of children with autism could learn, through a program of formal instruction, to manage their children's behavior. Involvement in the training sessions has empowered parents by providing them knowledge. This knowledge base provides them with the ability to choose how they will manage their children's behaviors. In all settings that deal with children who have problematic behaviors a curriculum-based training series would be beneficial. This model can be duplicated for other populations and would result in benefits for families and professionals.

Each of the designated outcomes was achieved at the levels predicted at the commencement of this practicum. Along with meeting the expected outcomes, unexpected results occurred. Parents learned strategies that research had proven to be effective in dealing with behavior problems.

Parents became more confident in their abilities to solve problems. They indicated that understanding autism has helped them to deal more effectively with their children.

Participants reported that they enjoyed the format of group discussion because it allowed for sharing of experiences and ideas with one another. This format also allowed parents to adjust the series to meet their needs.

Participants became better observers of their children's behavior. As a result they were able to describe how these behaviors looked, as well as their frequency, duration, and intensity.

Data collection revealed that differences between teacher's primary concerns and parents' primary concerns existed. The different nature of the context in which parents and teachers relate to children may account for these differences. There is a real difference in perceived priorities of behaviors in the home and school environments. As professionals we need to keep this in mind. Therefore, programs developed for training parents must take this into account. Parents and teachers need to be cognizant that each has areas of different concerns. Both agendas are

legitimate and need to be viewed in terms of the context of the relationship.

Recommendations

1. It is recommended that a behavioral management series be offered annually as part of parent training programs for preschool-aged children with special needs.

2. To minimize attrition, course length may need to be shortened to eight weeks to insure continuation of participants.

3. Class size should be limited to twenty participants to allow for discussion.

Dissemination

This practicum will be shared with staff of the preschool and elementary school at the writer's work setting during the preschool planning days in August 1995.

The writer will submit a proposal for presentation to state and national conferences for exceptional student educators and/or psychologists, following the acceptance of this report by the practicum advisor.

References

American Psychiatric Association (1994). The diagnostic & statistic manual of mental disorders (4th ed.). Washington, DC: Author.

Bailey, D.B., Blasco, P.M., & Simmeonson, R.J. (1992). Needs expressed by mothers and fathers of young children with handicaps. American Journal on Mental Retardation, 97, 1-10.

Bailey, D.B., & Simmeonson, R.J. (1988). Assessing needs of families with handicapped infants. The Journal of Special Education, 22(1), 117-127.

Baker, B.L., Landen, S.J. & Kashima, K.J. (1991). Effects of parent training on families of children with mental retardation: Increased burden or generalized benefit? American Journal of Mental Retardation, 96(2), 127-136.

Breiner, J. (1989). Training parents as change agents for their developmentally delayed children. In C.E. Schaefer & J.M. Briesmeister (Eds.), Handbook of parent training: Parents as co-therapist for children's behavior problems (pp. 269-304). New York: Wiley-Interscience Publication.

Bristol, M. (1987). Mothers of children with autism and communication disorders: Successful adaptation and the double ABCXD model. Journal of Autism and Developmental Disorders, 17, 469-486.

Cordisco, L.K., Strain, P.S., & Depew, N. (1988). Assessment for generalization of parenting skills in home settings. Journal of the Association for Persons with Severe Handicaps, 13(3), 202-210.

Donenberg, G., & Baker, B. (1993). The impact of young children with externalizing behaviors on their families. Journal of Autism and Developmental Disorders, 21, 179-199.

Dreier, M. & Lewis, M.G. (1991). Support and psychoeducation for parents of hospitalized mentally ill children. Health and Social Work, 16(1), 11-17.

Fox, R.A., Fox, T.A., & Anderson, R.C. (1991). Measuring the effectiveness of the STAR parenting program with parents of young children. Psychological Reports, 68, 35-40.

Fox, R.A., Anderson, R.C., Fox, T.A., & Rodriquez, M.A. (1991). STAR parenting: A model for helping parents effectively deal with behavioral difficulties. Young Children, 54-60.

Gowen, J.W., Christy, D.S., & Sparling, J. (1993). Informational Needs of Parents of Young Children with Special Needs. Journal of Early Intervention, 17(2), 194-210.

Guerney, L.F. (1991). Parents as Partners in Treating Behavior problems in early childhood settings. Topics in Early Childhood Special Education, 11(2), 74-90.

Guidubaldi, J. & Cleminshaw, H.K. (1994). Parenting satisfaction scale. San Antonio, Texas: The Psychological Corporation.

Harris, S.L. (1994). Treatment of family problems. In E. Schopler and G.B. Mesibov (Eds.), Behavioral Issues in Autism (pp. 161-177). New York: Plenum Press.

Harris, S.L. (1986). Parents as teachers: A four to seven year follow up of parents of children with autism.. Child and Family Behavior Therapy, 8(4), 39-47.

Hobby, D. (1992). Broward County: A contemporary potrait. VA: The Donning Company.

Holmes, D. (1990). Eden Insitute Curriculum. New Jersey: Eden Institute Foundation, Inc.

Koegel, R. Frea, W.D., Surratt, A.V. (1994). Self-management of problematic social behavior. In E. Schopler and G.B. Mesibov (Eds.), Behavioral Issues in Autism (pp. 81-94). New York: Plenum Press.

Kolko, D. (1984). Parents as behavior therapist for their autistic children: Clinical and empirical considerations. In E. Schopler and G.B. Mesibov (Eds.), Behavioral Issues in Autism (pp. 145-162). New York: Plenum Press.

Krug, D.A., Arick, J.R., Almond, P.J. (1988). Autism Behavior Checklist: A subtest of the autism screening instrument for educational planning. Austin, Texas: PRO-ED.

Lovaas, O.I. (1987). Behavioral treatment and normal education and intellectual functioning in young autistic children. Journal of Consulting & Clinical Psychology,55, 3-9.

Lovaas, O.I., Koegel, R.L., Simmons, J.Q., & Long, J.S. (1973). Some generalization and follow-up measures on autistic children in behavior therapy. Journal of Applied Behavior Analysis, 6, 131-166.

Monteiro, M.J., Nelson, V., & Turner, R. (1987). Innovative programs for severely disturbed students. The Pointer, 31(2), 37-40.

Peterson, N.L. (1987). Early intervention for handicapped and at-risk children: An introduction to early childhood-special education. Denver: Love Publishing Company.

Pisterman, S., Firestone, P., McGrath, P., Goodman, J., Webster, I., Mallory, R., & Goffin, M.A. (1992). The role of parent training in treatment of preschoolers with ADDH. American Journal of Orthopsychiatric, 63(3), 397-408.

Powers, M. (1994). Administrative issues involving behavioral approaches in autism. In E. Schopler and G.B. Mesibov (Eds.), Behavioral Issues in Autism (pp. 40-53). New York: Plenum Press.

Powers, M. (1991). Intervening with families of young children with severe handicaps: Contribution of a family systems approach. School Psychology Quarterly, 6(2), 131-146.

Robbins, F.R., Dunlap, G. & Plienis, A.J. (1991). Family characteristics, family training, and the progress of young children with autism. Journal of Early Intervention, 15(2), 173-184.

Rutter, M. (1985). The treatment of autistic children. Journal of Child Psychology and Psychiatry and Allied Disciplines, 26, 193-214.

Schafer, C.E. & Briesmeister, J.M. (1989). Handbook of parent training: Parents as co-therapist for children's behavior problems. New York: Wiley.

Schopler, E., Lansing, M., & Waters, L. (1983). Teaching Activities for Autistic Chidren. Texas: ProEd.

Schopler, E., Mesibov, G.B., Shigley, R.H., & Bashford, A. (1984). Helping autistic children through their parents: The TEACCH model. In E. Schopler & G.B. Mesibov (Eds.), The effects of autism on the family (pp. 65-81). New York: Plenum Press.

Schopler, E., Reichler, R.J., & Renner, B.R. (1988). The childhood autism rating scale. Los Angeles, CA: Western Psychological Services.

Schreibman, L. (1994). General principles of behavior management. In E. Schopler & B. Mesibov (Eds.), Behavioral Issues in Autism (pp. 11-39). New York: Plenum Press.

Schreibman, L., Koegel, R.L., Milles, D.L.& Burke, J.C. (1984). Training parent-child interactions. In E. Schopler & G.B. Mesibov (Eds.), The effects of autism on the family (pp. 187-205). New York: Plenum Press.

Short, A.B. (1984). Short-term treatment outcome using patients as co-therapist for their own autistic children. Journal of Child Psychology and Psychiatry, 25(3), 443-458.

Van Bourgondien, M.E. (1993). Behavior Management in the preschool years. In E. Schopler, M.E. Van Bourgondien, & M.M. Bristol (Eds.), Preschool issues in autism (pp. 129-145). New York: Plenum Press.

Walters, L. (1990). Reinforcing the empty fortress: An examination of recent research into treatment of autism. Educational Studies, 16(1), 3-16.

APPENDIX A

BEHAVIOR MANAGEMENT SURVEY

Behavior Management Survey

Name _____ Date _____

I would like assistance in learning how to deal with the following challenging behaviors. (Circle the number which best matches your experiences.)

Following directions

strongly agree	agree	undecided	disagree	strongly disagree
1	2	3	4	5

Decreasing Tantrums

strongly agree	agree	undecided	disagree	strongly disagree
1	2	3	4	5

Changing activities and/or change in routines

strongly agree	agree	undecided	disagree	strongly disagree
1	2	3	4	5

Eating Meals

strongly agree	agree	undecided	disagree	strongly disagree
1	2	3	4	5

Dressing

strongly agree	agree	undecided	disagree	strongly disagree
1	2	3	4	5

Managing Bedtime

strongly agree	agree	undecided	disagree	strongly disagree
1	2	3	4	5

APPENDIX B

POST-EVALUATION MEASURE

Post-Evaluation Measure

Read each statement and circle T if the statement is TRUE and F is the statement is FALSE.

1. T/F Autism is diagnosed based on a pattern of behavioral manifestations and/or characteristics.

2. T/F Autism affects approximately 5 out of every 10,000 children.

3. T/F Girls are affected 4 times more than boys.

4. T/F Autism affects the following three areas of behavior and development: communication, interpersonal relationships, and range of interests and activities.

5. T/F A diagnosis of autism is based on:
   a. age of onset after 3 years of age
   b. evidence of impaired language skills
   c. evidence of impaired or complete lack of emotional/social relationships
   d. abnormal responses to stimuli which may involve any or all of the sensory modalities

6. T/F Children with developmental language disorders are often like children with autism, however, these children effectively use gestures to communicate, exhibit emotional intent, and engage in imaginative play.

7. T/F Children with autism behaviors are a result of their inability to communicate.

8. T/F Communication problems are the sole reason for the disability of autism.

9. T/F Children with autism can learn social skills, but usually will perform them as part of a learned routine instead of using skills to initiate or sustain social interactions.

10. T/F All children with autism function in the mentally handicapped range.

11. T/F Autism is caused by parents.

12. T/F There is a cure for autism.

13. T/F Although there are many treatments for children with autism, the only ones that have demonstrated success for all autistic individuals are those based on applied behavior analysis.

14. T/F Prognosis of children with autism is easy to determine.

15. T/F With the appropriate education and home programming children with autism can reach their full potential and lead a more productive life.

16. T/F Autism is easily diagnosed and professionals always agree on the diagnosis.

17. List three social behaviors that are associated with individuals with autism.

18. List three communication characteristics that are associated with autism.

19. List three unusual behavioral characteristics that are often associated with autism.

20. List three learning characteristics often associated with autism.

APPENDIX C

BEHAVIORAL CHARACTERISTICS

Behavioral Characteristics

Please rank order the top ten behaviors that your child presents with that are of concern to you.

_____ High level of activity

_____ Child wants to do things immediately

_____ Frequently does not attend to social/environmental stimuli

_____ Does not follow simple commands which are given once

_____ Reacts strongly to change in routine or environment

_____ Severe temper tantrums and/or frequent minor ones

_____ Repeats phrases over and over

_____ Hurts self by head banging, biting hand, etc.

_____ Difficulties with toilet training

_____ Difficulties with eating meals

_____ Difficulties with dressing activities

_____ Will smell, taste, and/or feel objects in the environment

_____ Gets involved in complicated "rituals" such as lining things up, etc.

_____ Is very destructive

_____ Child does not express basic wants and needs

_____ Child has unusual sleeping patterns

_____ Difficulty learning a simple task

_____ Learns a simple task but "forgets" quickly

_____ Hurts others by biting, hitting, kicking, etc.

Adapted from the Autism Behavior Checklist and the Childhood Autism Rating Scale

APPENDIX D

QUESTIONNAIRE

Questionnaire

To help evaluate the usefulness of this training series, please answer the following questions. Please answer each item honestly. Your participation is greatly appreciated.

1. I have a better understanding of autism and related disorders.

strongly agree agree disagree strongly disagree

2. I have a better understanding of how to manage my child's behavior.

strongly agree agree disagree strongly disagree

3. The parent training series was helpful.

strongly agree agree disagree strongly disagree

4. The development of a behavior management tool was helpful.

strongly agree agree disagree strongly disagree

5. My questions were answered.

strongly agree agree disagree strongly disagree

How many different techniques/strategies did you implement? Which ones?

The amount of times?

What were the results?

What did you like the most about the classes?

I would like to have more of

In the future I would suggest that the following be incorporated into the training series?

Additional Comments/Suggestions: